




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT MANAGEMENT OF AGGRESSIVE CLIENT BEHAVIOR IN SETTINGS WITHOUT LANTERMAN-PETRIS-SHORT (LPS) DESIGNATION	POLICY NO. 202.14	EFFECTIVE DATE 8/02/2012	PAGE 1 of 4
APPROVED BY:  Director	SUPERSEDES N/A	ORIGINAL ISSUE DATE 8/02/2012	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To establish guidance for clinical management of aggressive client behavior occurring within Los Angeles County-Department of Mental Health (LAC-DMH) directly operated clinics or programs that do not have Lanterman-Petris-Short (LPS) Designation.
- 1.2 To inform Legal Entities of the LAC-DMH Management of Aggressive Client Behavior related policy and procedures with the expectation that a similar policy and associated procedures are established in their programs.

DEFINITION

- 2.1 **Aggressive Client Behavior:** Forceful actions directly expressed physically or verbally by a client that have caused or may indicate the potential for causing bodily injury toward others, including staff and/or other clients. Such behavior may be directed toward the client him/herself.
- 2.2 **Emergency:** A situation in which immediate action to impose treatment over the person's objection is necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. ([Reference 1](#))
- 2.3 **Lanterman-Petris-Short (LPS) Designation:** Refers to a facility designated by the County and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. ([Reference 2](#))

POLICY

- 3.1 Aggressive client behavior should be managed clinically in a manner that maximizes safety for everyone, respect for the client, and recognition of the therapeutic mission of our services.



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3.2 Staff in settings that are not LPS Designated may not use mechanical restraints or involuntary seclusion to clinically manage aggressive client behavior.

3.2.1 In situations in which there is immediate risk to life, staff may intervene as necessary in order to mitigate that risk, including calling 911 for emergency assistance.

3.3 While the following procedures apply to adults, clients under the age of 18 should also be managed without mechanical restraints or involuntary seclusion, but in accordance with recognized responsibilities to act in specific situations as may be required in order to protect children from harm.

PROCEDURE

4.1 Staff shall identify the potential for the aggressive client behavior on the basis of observation, assessment and known history:

4.1.1 In instances where staff determine that the potential for such behavior exists, staff shall immediately notify those at immediate risk of harm and their immediate supervisor and request staff support as indicated.

4.2 Staff shall use codes and alarm procedures identified in the LAC-DMH Illness and Injury Prevention Plan (IIPP), Clinic and Field Safety, Section VIII, Sub-sections 10-12 ([Reference 3](#)). These codes and alarms shall be utilized to request the assistance of staff, including the assistance of Sheriff's Security Officers (SSOs), Contracted Security Guards (CSGs), and local law enforcement, if necessary, to manage situations of aggressive client behavior.

4.3 Staff shall take actions to minimize risk to staff and others and damage to clinics. These actions may include removing nearby articles that could serve as potential weapons and advising other clients or staff to leave the immediate area.

4.4 Staff shall attempt to respectfully engage clients in identifying mutual actions that could resolve the situational cause of the aggressive behavior.

4.5 Appropriately trained staff shall employ Non-Violent Crisis Intervention techniques and other clinically appropriate treatment modalities in order to decrease aggressive client behavior and restore safety.



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- 4.5.1 The administration of intramuscular medications without client consent is permissible only in cases of emergency as defined in Section 2.2 of this policy.
- 4.6 An involuntary hold may be initiated by LPS designated staff within approved programs as defined in DMH Policy No. 202.05, Lanterman-Petris-Short (LPS) Detention-Contracted and Directly Operated LAC-DMH Programs ([Reference 4](#)), for clients who exhibit aggressive behavior and meet the criteria for involuntary detention pursuant to California Welfare and Institutions Code (WIC) Section 5150/5585 ([Reference 2](#)). Also see DMH IIPP, Clinic and Field Safety, Section VIII, Sub-sections 10-12 ([Reference 3](#)).
- 4.6.1 In situations in which the client placed on an involuntary hold wishes to leave the clinic:
- 4.6.1.1 Staff shall make every reasonable attempt to convince the patient to stay.
 - 4.6.1.2 In situations in which the patient is likely to leave, staff shall notify the program head or designee, and/or request assistance from law enforcement when indicated.
 - 4.6.1.3 In situations in which there is immediate risk to life, staff may, but shall not be required to, intervene as necessary in order to mitigate that risk, including calling 911 for emergency assistance.
- 4.7 In a situation in which a client or individual wishes to leave the clinic, staff shall not attempt to physically detain that person or physically impede the way to the exit. Rather, staff shall attempt to safely and respectfully convince the client to stay, discussing the reasons for staying, alternatives, and possible repercussions.
- 4.7.1 Clients leaving against professional advice shall be asked whether family members, or significant others may be contacted. If contact information is available by written authorization, or verbal consent, in compliance with DMH Policy No. 500.01, Use and Disclosure of Protected Health Information (PHI) Requiring Authorization, staff shall initiate such contacts immediately. ([Reference 5](#))
 - 4.7.2 Other mandated reporting and notifications shall be made as defined by DMH Policy No. 202.02, Duty to Warn and Protect Third Parties in Response to Client Threat. ([Reference 6](#))



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- 4.8 In instances where clinical staff determine that the client's aggressive behavior is unlikely to respond to mental health intervention, the program head or designee may initiate steps as outlined in DMH Policy No. 202.30, Mutual and Unilateral Termination of Mental Health Services. ([Reference 7](#))
- 4.9 Following incidents of aggressive behavior, managers or their designees shall:
- 4.9.1 Facilitate a debriefing of the incident with the staff involved;
 - 4.9.2 Review the event, including the actions of staff, including Sheriff Security Officers and Contract Security Guards;
 - 4.9.3 Review emergency codes and alarms and other systems utilized for possible corrective actions; and
 - 4.9.4 Facilitate an assessment of foreseeable risks of danger from individuals toward staff, clients, or others in conjunction with the departmental Health and Safety office and DMH Policy No. 308.01 Security, Safety Management and Violence Prevention. ([Reference 8](#))

REFERENCES

1. [California Welfare and Institutions Code, Section 5008. \(m\)](#)
2. [California Welfare and Institutions Code, Section 5150/5585.](#)
3. [LAC-DMH Illness and Injury Prevention Plan \(IIPP,\) Clinic and Field Safety, Sections VIII, Sub-sections 10-12](#)
4. [DMH Policy No. 202.5, Lanterman-Petris-Short \(LPS\) Detention-Contracted and Directly Operated LAC-DMH Programs](#)
5. [DMH Policy No. 500.01, Use and Disclosure of Protected Health Information \(PHI\) Requiring Authorization](#)
6. [DMH Policy No. 202.02, Duty To Warn and Protect Third Parties in Response to Client Threat](#)
7. [DMH Policy No. 202.30, Mutual and Unilateral Termination of Mental Health Services](#)
8. [DMH Policy No. 308.01, Security, Safety Management and Violence Prevention](#)

RESPONSIBLE PARTY

LAC-DMH Office of the Medical Director